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Introduction

The American Medical Association's Pilot Program to Improve Medical Care and Health Services in Correctional Institutions sponsored and staffed by the American Medical Association, is financed by a grant from the Law Enforcement Assistance Administration of the U.S. Department of Justice.

The Program is the result of a 1972 AMA survey of jail medical facilities which showed a gross inadequacy of health and medical services throughout the country. In addition, some successful lawsuits, on behalf of prisoners, focused national attention on the deplorable conditions. A federal court in 1972 ruled that inadequate medical care constituted "cruel and unusual punishment" and, as such, was a violation of inmates' constitutional rights. The U.S. Supreme Court, on review of that decision ruled in 1976 that adequate medical care is a right of inmates pursuant to the U.S. Constitution.

The ultimate overall goal of the AMA Correctional Program is to improve the delivery of medical care and health services to inmates of the nation's jails. *Standards for Health Services in Jails* was developed to help accomplish this goal and includes minimum standards for dental care. This monograph was developed to assist health care providers and criminal justice officials with the implementation of the dental standards.

There is little hard data on dental health of prisoners, but the anecdotal evidence suggests that dental pain is a pervasive problem.

A study of two women's prisons revealed decayed, missing and filled teeth rates, periodontal scores and oral hygiene indices of about the same level as found in women in the general population of the same social economic level.[1] A New Jersey study showed 50% of male inmates were in need of prosthetic appliances, 80% needed oral prophylaxis, and 15% needed emergency services.[2] Michigan prisons noted that 50% of the male inmates had a dental problem, usually related to very poor oral hygiene.[3]

According to a 1972 *AMA Survey: Health Care in Jails*, 38% of the nation's jails had a dentist available, and the care provided consisted primarily of extraction only.[4] In follow-up to this study, the AMA conducted Inmate Patient Profiles (IPPs) in 30 pilot jails during 1976 and 1977. During both of these studies, examiners reported that 39% of the inmates had dental abnormalities. In the 1976 IPP, examiners recommended that follow-up diagnostic and treatment services of a dentist be provided to 16% of those inmates having dental abnormalities; in the 1977 study, examiners recommended the same services for 19.7% of the inmates with dental abnormalities. In both years, examiners reported finding a higher number of dental abnormalities than almost any of the other 22 abnormalities for which inmates were examined.[5,6]

The Importance of Dental Health

Because deviations of health in the oral cavity are related to the total health of the individual, and because

clinical signs of some systemic disorders often appear in the oral cavity before they become apparent in other organs of the body, dental and oral health care is an essential health service. Manifestation of nutritional deficiencies, oral cancer, leukemia, endocrine dysfunctions, and some varieties of skin cancer often appear in the oral cavity and adjacent tissues before they become apparent in other parts of the body.

Dental health plays an important role in general health, as well as in facial appearance, and should certainly not be overlooked as a possibility to aid, to whatever degree, in the overall rehabilitation of an inmate. It is an investment by society rather than an added cost.

Realistic Approach to Dentistry in Jails

Success of the mechanisms of distributing dental health services is dependent on the cooperation of members of the medical and dental professions and the developers and administrators of health care programs. In jails, complete dental operatories cannot always be provided as instruments and equipment can be costly. However, there are many viable alternatives, such as:

1. Fee-for-Service. Private practitioners may be used on a conventional fee-for-service basis.
2. Contract Dentist. Contract arrangements in advance of treatment for a specific length of time with varying remuneration schedules can be made with private practitioners or health agencies such as hospitals, health maintenance organizations or dental group practices.
3. Dental School. Many colleges of dentistry use the jails as a source of clinical exposure for their students. All such work is performed under meticulous supervision.

In some communities, dental societies, dental schools and dentists in private practice are now providing services through the use of mobile units. In addition, recent technological advancements make it possible for a dentist to provide some services in the jail with portable equipment, even without a complete dental operatory.

A supplemental AMA document, "Models for Health Care Delivery in Jails," provides further information about possible approaches to service delivery and can be obtained through the AMA Program to Improve Medical Care and Health Services in Correctional Institutions.

Dental Treatment in Jails

In addition to provision for the daily oral hygiene needs of the inmate (i.e., brushing and flossing of teeth), dental services also include dental screening, hygiene, examination, and appropriate dental treatment.

Dental screening includes the charting of decayed, missing and filled teeth, and the taking of dental history. If dental personnel are not available, it can be performed by appropriately trained medical personnel for need evaluation or gross abnormalities.

Dental hygiene services include instruction in brush-

ing and flossing, which can be performed by trained personnel and the provision of oral prophylactic care by a state licensed registered dental hygienist.

Dental examination may include complete examination, noting external and internal structure of the head and neck; abnormal function; diseases of mucous membrane and jaws; diseases of the teeth and supporting structures; diagnostic x-rays when deemed necessary; testing of the pulp; caries susceptibility; cancer smears; and diagnostic casts. Dental examination may be performed only by a dentist.

Dental treatment not limited to extractions is provided by a dentist based on the inmate's needs as determined in the dental examination, the inmate's length of stay and the following priorities:

1. Relief of pain and treatment of acute infections. This includes hemorrhage, toothaches, broken, loose or knocked out teeth, abscesses, dry sockets after extraction, facial trauma including lacerations and fractures, and severe periodontal disease. In most cases, these will be emergency conditions with the physician, nurse, and physician's assistant being the first line of defense in providing emergency dental care in jails. In most cases, trained health personnel in a jail can administer care to the inmate under the responsible dentist's general supervision.
2. Elimination of pathological conditions and extraction of unsavable teeth.
3. Removal of irritation conditions which may lead to malignancies.
4. Treatment of bone and soft tissue diseases.
5. Repair of injured or carious teeth.
6. Replacement of lost teeth and restoration of function.

Upon discharge, referrals should be made to the proper agency or health professional for any needed but uncompleted dental services.

Conclusion

While lack of dental care can be a significant health problem within the jail setting, it is not an insurmountable one. Some advance planning in dental services can lead to the resolution of this dilemma, thus promoting the retention of natural dentition, improving maintenance of the oral and masticatory apparatus, improving patient's physical and psychological well being, increasing patient's options in securing gainful employment upon release from the facility and reducing the cost of care to other public aid agencies.

Footnotes

[1]Shapiro, Stewart: A Special Population Available for Periodontal Research Part I. The Periodontal Findings of Incarcerated Women. *Journal of Periodontology* 41:667-670, 1970.

[2]Conte, T. G.: A Survey of Dental Treatment in New Jersey Prisons. *New Jersey Dental Association Journal* 44:10-12, 1973.

[3]Key to Health for a Padlocked Society. Office of Health and Medical Affairs. Lansing, Michigan 226:228, 1975.

[4]Medical Care in U.S. Jails—A 1972 AMA Survey. AMA, Chicago, 1973.

[5]Anno, B. J.: Analysis of Inmate/Patient Profile Data. Blackstone Associates, Washington, D.C., 1977.

[6]Anno, B. J.: Analysis of Inmate/Patient Profile Data—Year Two. B. Jaye Anno Associates, Silver Spring, Maryland, 1978.

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